

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-size: 1.2em;">615437</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2		1				1	52						
3		1				1	53						
4		1				1	54						
5		4				4	55						
6		4				4	56						
7		4				4	57						
8		4				4	58						
9		4				4	59						
10		4				4	60						
11	1						61						
12		1				1	62						
13		1				1	63						
14		1				1	64						
15		4				4	65						
16		4				4	66						
17		4				4	67						
18		4				4	68						
19		4				4	69						
20		4				4	70						
21		4				4	71						
22		1				1	72						
23		4				4	73						
24		4				4	74						
25		4				4	75						
26		1				1	76						
27		1				1	77						
28		1				1	78						
29	1						79						
30		1				1	80						
31						1	81						
32						1	82						
33						1	83						
34						1	84						
35						1	85						
36						1	86						
37						1	87						
38						1	88						
39						1	89						
40						1	90						
41						1	91						
42						1	92						
43						1	93						
44						1	94						
45						1	95						
46						1	96						
47						1	97						
48						1	98						
49						1	99						
50							100						
TOTAL IND.	↓		↓		3		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		23		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS					26		TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09615437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11	/					
12		X				
13		X				
14		X				
15		/				
16		/				
17		/				
18		/				
19		X				
20		/				
21		/				
22		/				
23		X				
24		X				
25		/				
26		/				
27		/				
28		/				
29	/					
30		/				
31						
32						
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35						
36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		31				
TOTAL CLAIMS	3	34				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						